Collaboration Work sheet

DOH recognizes that, in some communities, there are multiple agencies that receive funds from the Tobacco Prevention and Control program. In an effort to ensure that each community receives a comprehensive approach to tobacco prevention and control, we ask that you complete this document in collaboration with the other DOH TPC contractor(s) in your area.

| County: | |
|---|--|
| Tobacco Coordinator Name(s) and agency: | |
| Fund source: | |

In partnership with the other DOH contractor(s) in your county, please specify who will be responsible for the following required activities:

| Activity | Agency Responsible | Describe collaboration |
|---|--------------------|------------------------|
| C1.01 – Community Advisory Board | | |
| C2.01.01 – Synar Compliance Checks | | |
| C2.02 – Retailer Education | | |
| C2.08 – Support Comprehensive School-based Programs | | |
| C3.01 – Quit Line Promotion | | |
| C3.07 – Local Assessment of Cessation Resources | | |
| C4 – At least one activity from within this objective area (secondhand smoke) | | |

All contractors must attend the DOH Contractor Meetings (C1.04)